GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

STARRED QUESTION NO:251
ANSWERED ON:02.12.2016
National Health Policy
Mahendran Shri C.;Suresh Shri Doddaalahalli Kempegowda

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether healthcare is a major concern in the rural areas of the country and if so, the details thereof and the reasons therefor;

(b) the details of healthcare infrastructure available including manpower and affordability of healthcare facilities for the rural people, State/UT-wise;

(c) the details of the steps taken to address the problems of rural health both at macro and micro levels and to improve the healthcare sector in rural areas of the country;

(d) whether the financial outlay for health related activities have decreased and if so, the details thereof; and

(e) whether the Government proposes to revise National Health Policy and bring a long term perspective plan to address prevailing inequalities in rural health sector and if so, the details thereof?

Answer

ANSWER
THE MINISTER OF HEALTH AND FAMILY WELFARE
(SHRI JAGAT PRAKASH NADDA)

(a) to (e): A statement is laid on the Table of the House

STATEMENT REFERRED TO IN REPLY TO LOK SABHA
STARRED QUESTION NO. 251* FOR 2ND DECEMBER, 2016

(a) The health care indicators of rural areas in terms of Infant Mortality Rate (IMR), Total Fertility Rate (TFR), Under 5 Mortality Rate (U5MR) and availability of beds etc. are considerably poor as compared to urban areas. Hence, addressing health care needs of rural areas is a key priority.

(b) As per Rural Health Statistics (RHS), 2014-15, the details of Sub-Centres (SCs), Primary Health Centres (PHCs), Community Health Centres (CHCs), Sub-District Hospitals (SDH) and District Hospitals (DHs) functioning in the country, state-wise are given at annexure-I and II. The details about number of allopathic doctors at PHCs, pharmacists, laboratory technicians and nursing staff available at PHCs and CHCs are given at annexure III to VI.

According to NSSO Health and Morbidity Survey data analysis, in 2014 about 23.66% rural households faced catastrophic healthcare expenditures in India.
(c) NRHM was launched in 2005 essentially to improve health care in rural areas. Some key steps taken to improve health care services in rural areas is given annexure-VII.

(d) There is no decrease in budgetary support during any succeeding year under NHM. Further, the centre-state funding pattern has been revised from 75:25 to 60:40 w.e.f. Financial Year 2015-16, which has also led to increase in the resources for health activities under NHM.

(e) The draft National Health Policy, 2015 has been formulated to revise the existing NHP, 2002. One of the key principles of the principles of the Draft National Health Policy, 2015 is reducing inequality, which implies minimizing disparity on account of gender, poverty, caste, disability, other forms of social exclusion and geographical barriers.